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## BIB DATA SHEET

CONFIRMATION NO. 7114

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/671,360	09/25/2003 RULE	514	1654	07040.0027U1		
<b>APPLICANTS</b> James C. Powers, Atlanta, GA; Jonathan D. Glass, Atlanta, GA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/413,506 09/25/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/16/2003						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No /CHRISTINA BRADLEY/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> NEEDLE & ROSENBERG, P.C. SUITE 1000 999 PEACHTREE STREET ATLANTA, GA 30309-3915 UNITED STATES						
<b>TITLE</b> KETOAMIDE INHIBITORS IN CHRONIC NERVE DISEASE						
<b>FILING FEE RECEIVED</b> 584	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		